

ONLINE SUPPLEMENT

QUESTIONNAIRE

Today's Date: ____ / ____ / ____
(Month) (Day) (Year)

Section I: Identification and Demographic Information

Your Name: _____
(Last name) (First name) (MI)

Your Mailing Address:

(Number, Street, and/or Rural Route)

(City) (State) (Zip Code)

Your Home Telephone Number: () _____ - _____

Cell phone () _____ - _____

If you move, is there someone who would know how to contact you?

Contact's Name: _____
(Last name) (First name) (MI)

Contact's Relationship to you: _____

Contact's Mailing Address:

(Number, Street, and/or Rural Route)

(City) (State) (Zip Code)

Contact's Telephone Number: () _____ - _____

Cell phone () _____ - _____

1. Date of Birth: _____ / _____ / _____
(Month) (Day) (Year)
2. Sex: 1. _____ Male 2. _____ Female
3. Are you Spanish, Hispanic, or Latino? 1. Yes _____ 0. No _____
4. Choose one or more of the following categories to describe your race:
 1. American Indian or Alaska Native
 2. Asian
 3. Black or African American
 4. Native Hawaiian or Other Pacific Islander
 5. White

Section II. Health Information

These questions pertain mainly to your chest. Please answer Yes or No if possible. If you are in doubt about whether your answer is Yes or No, answer No.

- 5a. Do you usually have a cough? 1. Yes _____ 0. No _____
(Count a cough with first smoke or on first going out-of-doors. Exclude clearing of throat.)
IF YES:
5b. When did this cough start? _____ Month _____ Year
- 5c. Do you usually cough on most days for
3 consecutive months or more during the year? 1. Yes _____ 0. No _____
- 6a. Do you usually bring up phlegm from your chest? 1. Yes _____ 0. No _____
(Count phlegm with the first smoke or on first going out-of-doors. Exclude phlegm from the nose. Count swallowed phlegm)
IF YES:
6b. When did this trouble with phlegm start? _____ Month _____ Year
- 6c. Do you bring up phlegm on most days for
3 consecutive months or more during the year? 1. Yes _____ 0. No _____
- 7a. Are you troubled by shortness of breath when

hurrying on level ground or walking up a slight hill?

1. Yes ___ 0. No ___

IF YES:

7b. Do you have to walk slower than people of your age on level ground because of breathlessness?

1. Yes ___ 0. No ___

7c. Do you ever have to stop for breath when walking at your own pace on level ground?

1. Yes ___ 0. No ___

7d. When did this shortness of breath start?

_____ Month _____ Year

8a. Have you had wheezing or whistling in your chest at any time in the last **12 months**?

1. Yes ___ 0. No ___

IF YES:

8b. Apart from a when you have a cold, does your chest ever sound wheezy or whistling?

1. Yes ___ 0. No ___

8c. When did this wheezing or whistling start?

_____ Month _____ Year

9a. Have you had a feeling of tightness in your chest at any time in the last **12 months**?

1. Yes ___ 0. No ___

IF YES:

9b. When did this feeling of tightness in your chest start? _____ Month _____ Year

10. Have you had any other chest symptoms in the last 12 months?

1. Yes ___ 0. No ___

IF YES, please specify _____

11a. Have you had any unusual tiredness or fatigue during the last 12 months?

1. Yes ___ 0. No ___

IF YES:

11b. When did this tiredness or fatigue start?

_____ Month _____ Year

12a. Have you had any other symptoms or health concerns in the last 12 months?

1. Yes ___ 0. No ___

IF YES:

Describe: _____

13a. Has a doctor ever told you that you had asthma?

1. Yes ___ 0. No ___

IF YES:

13b. When were you first told you had asthma?

_____ Month _____ Year

13c. Do you still have asthma?

1. Yes ___ 0. No ___

13d. If you no longer have asthma, how old were you when your asthma stopped?

_____ Age stopped

14a. Has a doctor ever told you that you had chronic bronchitis?

1. Yes ___ 0. No ___

IF YES:

14b. When were you first told you had chronic bronchitis? _____ Month _____ Year

14c. Do you still have chronic bronchitis? 1. Yes ___ 0. No ___

15a. Has a doctor ever told you that you had emphysema? 1. Yes ___ 0. No ___

IF YES:

15b. When were you first told you had emphysema? _____ Month _____ Year

16a. Has a doctor ever told you that you had COPD? 1. Yes ___ 0. No ___

IF YES:

16b. When were you first told you had COPD? _____ Month _____ Year

17a. Has a doctor ever told you that you had lung scarring or fibrosis? 1. Yes ___ 0. No ___

IF YES:

17b. When were you first told you had lung scarring or fibrosis? _____ Month _____ Year

18a. Have you ever had any other chest illnesses? 1. Yes ___ 0. No ___

IF YES:

18b. Please specify _____

19a. Have you ever had a chest CT scan? 1. Yes ___ 0. No ___

IF YES:

19b. When (mo/year) _____

19c. What did it show? _____

20a. Have you taken any medicine (including inhalers, aerosols, or tablets) for chest illness in the last 12 months? 1. Yes ___ 0. No ___

IF YES:

20b. Please specify _____

Section III. Work Information

Next, we are going to ask about your work history.

21. Please list all of the jobs you performed while at this facility at the current location or at the previous location. We want you to include any work you may have done at either of these locations prior to 2002 and any work as a temporary or contract employee. We will start with your first job and continue through to your most recent job.

Job Number	Department	Job Title	Start Date (mm/yyyy)	End Date (mm/yyyy)	Type of employee (Contract/Temporary/Regular)	Major Work Area
1						
2						
3						
4						
5						
6						

For each job listed:

22a. What other departments or work areas did you work in during this time period?

22b. Did you wear a respirator in this job? 1. Yes ___ 0. No ___

IF YES:

22c. How often did you wear the respirator:

1. Less than daily
2. Daily, less than 2 hours per day
3. Daily, 2 to 4 hours per day
4. Daily, over 4 hours per day

22d. For what tasks did you wear the respirator?

23. Did you ever change your job or leave employment at this facility because of chest problems?

1. Yes ___ 0. No ___

IF YES:

23a. In what month and year did you change your job or leave? _____ Month _____ Year

23b. What was your work area **before** the change?

23c. What was your job title **before** the change?

23d. What were your tasks **before** the change?

23e. What was your work area **after** the change?

23f. What was your job title **after** the change?

23g. What were your tasks **after** the change?

NOTE: The following questions apply to any jobs you have ever held outside this facility.

24a. Have you ever worked with asbestos?

1. Yes ___ 0. No ___ 9. Don't know

IF YES:

24b. What was your job title: _____

24c. How many years did you do this job? _____

25a. Have you ever worked with silica
(for example in sand blasting)?

1. Yes ___ 0. No ___ 9. Don't know

IF YES:

25b. What was your job title: _____

25c. How many years did you do this job? _____

26a. Have you ever worked with other lung hazards?

1. Yes ___ 0. No ___ 9. Don't know

IF YES:

26b. Please specify the lung hazard: _____

26c. What was your job title: _____

26d. How many years did you do this job? _____

Section IV. Tobacco Use Information

I'm now going to ask you a few questions about tobacco use.

27a. Have you ever smoked cigarettes? 1. ____ Yes 0. ____ No
(*NO if less than 20 packs of cigarettes in a lifetime or less than 1 cigarette a day for 1 year.*)

IF YES:

27b. How old were you when you first started smoking regularly? _____ Years old

27c. Over the entire time that you have smoked, what is the average number of cigarettes you smoked per day? _____ Cigarettes/day

27d. Do you still smoke cigarettes? 1. ____ Yes 0. ____ No

IF NO:

27e. How old were you when you stopped smoking cigarettes regularly? _____ Years old

Thank you for participating in this survey!